

I. (a) PLAINTIFFS (Check box if you are representing yourself <input checked="" type="checkbox"/>) LOUIE GONZALEZ		DEFENDANTS (Check box if you are representing yourself <input type="checkbox"/>) SCV MEDICAL GROUP, ET AL.																																																																																																																																																																									
(b) County of Residence of First Listed Plaintiff <u>LOS ANGELES</u> (EXCEPT IN U.S. PLAINTIFF CASES)		County of Residence of First Listed Defendant <u>LOS ANGELES</u> (IN U.S. PLAINTIFF CASES ONLY)																																																																																																																																																																									
(c) Attorneys (Firm Name, Address and Telephone Number) If you are representing yourself, provide the same information. P.O. BOX 66 ONYX, CA. 93255 661-313-7344		Attorneys (Firm Name, Address and Telephone Number) If you are representing yourself, provide the same information.																																																																																																																																																																									
II. BASIS OF JURISDICTION (Place an X in one box only.)		III. CITIZENSHIP OF PRINCIPAL PARTIES -For Diversity Cases Only (Place an X in one box for plaintiff and one for defendant)																																																																																																																																																																									
<input type="checkbox"/> 1. U.S. Government Plaintiff	<input checked="" type="checkbox"/> 3. Federal Question (U.S. Government Not a Party)	Citizen of This State <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 1	Incorporated or Principal Place of Business in This State <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 4																																																																																																																																																																								
<input type="checkbox"/> 2. U.S. Government Defendant	<input type="checkbox"/> 4. Diversity (Indicate Citizenship of Parties in Item III)	Citizen of Another State <input type="checkbox"/> 2 <input type="checkbox"/> 2	Incorporated and Principal Place of Business in Another State <input type="checkbox"/> 5 <input type="checkbox"/> 5																																																																																																																																																																								
		Citizen or Subject of a Foreign Country <input type="checkbox"/> 3 <input type="checkbox"/> 3	Foreign Nation <input type="checkbox"/> 6 <input type="checkbox"/> 6																																																																																																																																																																								
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<input type="checkbox"/> 1. Original Proceeding	<input checked="" type="checkbox"/> 2. Removed from State Court	<input type="checkbox"/> 3. Remanded from Appellate Court	<input type="checkbox"/> 4. Reinstated or Reopened <input type="checkbox"/> 5. Transferred from Another District (Specify) <input type="checkbox"/> 6. Multidistrict Litigation - Transfer <input type="checkbox"/> 8. Multidistrict Litigation - Direct File																																																																																																																																																																								
V. REQUESTED IN COMPLAINT: JURY DEMAND: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Check "Yes" only if demanded in complaint.)																																																																																																																																																																											
CLASS ACTION under F.R.Cv.P. 23: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MONEY DEMANDED IN COMPLAINT: \$ <u>200000000.00</u>																																																																																																																																																																									
VI. CAUSE OF ACTION (Cite the U.S. Civil Statute under which you are filing and write a brief statement of cause. Do not cite jurisdictional statutes unless diversity.) Americans with Disabilities Act (ADA) (42 U.S.C. § 12182); ADA Retaliation (42 U.S.C. § 12203); Civil Rights Violations (42 U.S.C. § 1983); False Statements (18 U.S.C. § 1001); Perjury (18 U.S.C. § 1621); Controlled Substances Act (21 U.S.C. § 829); HIPAA Violations; Privacy Violations (28 C.F.R. § 36.302(c)); Medicare Regulations Violations (42 C.F.R. §																																																																																																																																																																											
VII. NATURE OF SUIT (Place an X in one box only).																																																																																																																																																																											
<table border="1"> <thead> <tr> <th>OTHER STATUTES</th> <th>CONTRACT</th> <th>REAL PROPERTY CONT.</th> <th>IMMIGRATION</th> <th>PRISONER PETITIONS</th> <th>PROPERTY RIGHTS</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 375 False Claims Act</td> <td><input type="checkbox"/> 110 Insurance</td> <td><input type="checkbox"/> 240 Torts to Land</td> <td><input type="checkbox"/> 462 Naturalization Application</td> <td>Habeas Corpus:</td> <td><input type="checkbox"/> 820 Copyrights</td> </tr> <tr> <td><input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))</td> <td><input type="checkbox"/> 120 Marine</td> <td><input type="checkbox"/> 245 Tort Product Liability</td> <td><input type="checkbox"/> 465 Other Immigration Actions</td> <td><input type="checkbox"/> 463 Alien Detainee</td> </tr> <tr> <td><input type="checkbox"/> 400 State Reapportionment</td> <td><input type="checkbox"/> 130 Miller Act</td> <td><input type="checkbox"/> 290 All Other Real Property</td> <td>TORTS PERSONAL PROPERTY</td> <td><input type="checkbox"/> 510 Motions to Vacate Sentence</td> </tr> <tr> <td><input type="checkbox"/> 410 Antitrust</td> <td><input type="checkbox"/> 140 Negotiable Instrument</td> <td></td> <td><input type="checkbox"/> 370 Other Fraud</td> <td><input type="checkbox"/> 530 General</td> </tr> <tr> <td><input type="checkbox"/> 430 Banks and Banking</td> <td><input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment</td> <td></td> <td><input type="checkbox"/> 371 Truth in Lending</td> <td><input type="checkbox"/> 535 Death Penalty</td> </tr> <tr> <td><input type="checkbox"/> 450 Commerce/ICC Rates/Etc.</td> <td><input type="checkbox"/> 151 Medicare Act</td> <td></td> <td><input type="checkbox"/> 380 Other Personal Property Damage</td> <td>Other:</td> </tr> <tr> <td><input type="checkbox"/> 460 Deportation</td> <td><input type="checkbox"/> 152 Recovery of Defaulted Student Loan (Excl. 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VIII. VENUE: Your answers to the questions below will determine the division of the Court to which this case will be initially assigned. This initial assignment is subject to change, in accordance with the Court's General Orders, upon review by the Court of your Complaint or Notice of Removal.

QUESTION A: Was this case removed from state court?		STATE CASE WAS PENDING IN THE COUNTY OF:	INITIAL DIVISION IN CACD IS:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "no," skip to Question B. If "yes," check the box to the right that applies, enter the corresponding division in response to Question E, below, and continue from there.		<input checked="" type="checkbox"/> Los Angeles, Ventura, Santa Barbara, or San Luis Obispo <input type="checkbox"/> Orange <input type="checkbox"/> Riverside or San Bernardino	Western Southern Eastern	
QUESTION B: Is the United States, or one of its agencies or employees, a PLAINTIFF in this action? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "no," skip to Question C. If "yes," answer Question B.1, at right.		B.1. Do 50% or more of the defendants who reside in the district reside in Orange Co.? <i>check one of the boxes to the right</i> →	YES. Your case will initially be assigned to the Southern Division. <input type="checkbox"/> Enter "Southern" in response to Question E, below, and continue from there. <input type="checkbox"/> NO. Continue to Question B.2.	
		B.2. Do 50% or more of the defendants who reside in the district reside in Riverside and/or San Bernardino Counties? (Consider the two counties together.) <i>check one of the boxes to the right</i> →	YES. Your case will initially be assigned to the Eastern Division. <input type="checkbox"/> Enter "Eastern" in response to Question E, below, and continue from there. NO. Your case will initially be assigned to the Western Division. <input type="checkbox"/> Enter "Western" in response to Question E, below, and continue from there.	
QUESTION C: Is the United States, or one of its agencies or employees, a DEFENDANT in this action? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "no," skip to Question D. If "yes," answer Question C.1, at right.		C.1. Do 50% or more of the plaintiffs who reside in the district reside in Orange Co.? <i>check one of the boxes to the right</i> →	YES. Your case will initially be assigned to the Southern Division. <input type="checkbox"/> Enter "Southern" in response to Question E, below, and continue from there. <input type="checkbox"/> NO. Continue to Question C.2.	
		C.2. Do 50% or more of the plaintiffs who reside in the district reside in Riverside and/or San Bernardino Counties? (Consider the two counties together.) <i>check one of the boxes to the right</i> →	YES. Your case will initially be assigned to the Eastern Division. <input type="checkbox"/> Enter "Eastern" in response to Question E, below, and continue from there. NO. Your case will initially be assigned to the Western Division. <input type="checkbox"/> Enter "Western" in response to Question E, below, and continue from there.	
QUESTION D: Location of plaintiffs and defendants?		A. Orange County	B. Riverside or San Bernardino County	C. Los Angeles, Ventura, Santa Barbara, or San Luis Obispo County
Indicate the location(s) in which 50% or more of <i>plaintiffs who reside in this district</i> reside. (Check up to two boxes, or leave blank if none of these choices apply.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Indicate the location(s) in which 50% or more of <i>defendants who reside in this district</i> reside. (Check up to two boxes, or leave blank if none of these choices apply.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D.1. Is there at least one answer in Column A? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes," your case will initially be assigned to the SOUTHERN DIVISION. Enter "Southern" in response to Question E, below, and continue from there. If "no," go to question D2 to the right. →		D.2. Is there at least one answer in Column B? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes," your case will initially be assigned to the EASTERN DIVISION. Enter "Eastern" in response to Question E, below. If "no," your case will be assigned to the WESTERN DIVISION. Enter "Western" in response to Question E, below.		
QUESTION E: Initial Division?		INITIAL DIVISION IN CACD		
Enter the initial division determined by Question A, B, C, or D above: →		WESTERN		
QUESTION F: Northern Counties?				
Do 50% or more of plaintiffs or defendants in this district reside in Ventura, Santa Barbara, or San Luis Obispo counties?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

IX(a). IDENTICAL CASES: Has this action been previously filed **in this court?** NO YES

If yes, list case number(s):

IX(b). RELATED CASES: Is this case related (as defined below) to any civil or criminal case(s) previously filed **in this court?** NO YES

If yes, list case number(s):

If yes, you must file a Notice of Related Cases. See Local Rule 83-1.3.**Civil cases** are related when they (check all that apply):

- A. Arise from the same or a closely related transaction, happening, or event;
- B. Call for determination of the same or substantially related or similar questions of law and fact; or
- C. For other reasons would entail substantial duplication of labor if heard by different judges.

Note: That cases may involve the same patent, trademark, or copyright is not, in itself, sufficient to deem cases related.

A civil forfeiture case and a criminal case are related when they (check all that apply):

- A. Arise from the same or a closely related transaction, happening, or event;
- B. Call for determination of the same or substantially related or similar questions of law and fact; or
- C. Involve one or more defendants from the criminal case in common and would entail substantial duplication of labor if heard by different judges.

X. STATEWIDE OR NATIONWIDE RELIEF: Does this case seek to bar or mandate enforcement of a state or federal law and seek declaratory or injunctive relief on a statewide or nationwide basis? NO YES**If yes, see Local Rule 83-11 for additional requirements.****XI. SIGNATURE OF ATTORNEY
(OR SELF-REPRESENTED LITIGANT):**

DATE: 3-6-2025

Notice to Counsel/Parties: The submission of this Civil Cover Sheet is required by Local Rule 3-1. This Form CV-71 and the information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. For more detailed instructions, see separate instruction sheet (CV-071A).

Key to Statistical codes relating to Social Security Cases:

Nature of Suit Code	Abbreviation	Substantive Statement of Cause of Action
861	HIA	All claims for health insurance benefits (Medicare) under Title 18, Part A, of the Social Security Act, as amended. Also, include claims by hospitals, skilled nursing facilities, etc., for certification as providers of services under the program. (42 U.S.C. 1935FF(b))
862	BL	All claims for "Black Lung" benefits under Title 4, Part B, of the Federal Coal Mine Health and Safety Act of 1969. (30 U.S.C. 923)
863	DIWC	All claims filed by insured workers for disability insurance benefits under Title 2 of the Social Security Act, as amended; plus all claims filed for child's insurance benefits based on disability. (42 U.S.C. 405 (g))
863	DIWW	All claims filed for widows or widowers insurance benefits based on disability under Title 2 of the Social Security Act, as amended. (42 U.S.C. 405 (g))
864	SSID	All claims for supplemental security income payments based upon disability filed under Title 16 of the Social Security Act, as amended.
865	RSI	All claims for retirement (old age) and survivors benefits under Title 2 of the Social Security Act, as amended. (42 U.S.C. 405 (g))